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**\*BIBDATASHEET\***

Bib Data Sheet

CONFIRMATION NO. 8925

SERIAL NUMBER 09/973,424	FILING OR 371(c) DATE 10/09/2001 RULE	CLASS 435	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. 15966-585CIP2 (CURA-85CIP)
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/689,486 10/12/2000 PAT 6,855,806  
 and is a CIP of 09/687,276 10/13/2000 ABN  
 which claims benefit of 60/159,805 10/15/1999  
 and claims benefit of 60/159,992 10/18/1999  
 and claims benefit of 60/160,952 10/22/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
 \*\* 10/30/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MO	3	48	4
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

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**TITLE**

POLYPEPTIDES AND POLYNUCLEOTIDES HOMOLOGOUS TO THYMOSIN, EPHRIN A RECEPTORS, AND FIBROMODULIN

FILING FEE RECEIVED 1758	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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